

# BOONE COUNTY HEALTH DEPARTMENT

116 W. WASHINGTON STREET - LEBANON, IN 46052  
www.boonecounty.in.gov/health

ENVIRONMENTAL DIVISION  
SUITE B201  
(765) 483-4458  
(765) 483-5243 FAX



NURSING & VITAL RECORDS DIVISION  
SUITE B202  
(765) 482-3942  
(765) 483-4450 FAX

BOONE COUNTY  
HEALTH DEPARTMENT

## ANNUAL SWIMMING POOL APPLICATION

Facility Name: \_\_\_\_\_ Owner: \_\_\_\_\_  
Facility Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
1st pool size (gallons): \_\_\_\_\_ Pool dimensions: \_\_\_\_\_  
2nd pool size (gallons): \_\_\_\_\_ Pool dimensions: \_\_\_\_\_  
Hot Tub/Spa (gallons): \_\_\_\_\_

Management Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Pool Operator Service: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Person in Charge (*must be readily available during business hours*): \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Fees are on reverse side. Please make checks payable to "Boone County Health Department." If you would like to use a credit card, contact our office at 765-483-4458.

**Please note pool permits are non-transferable and non-refundable.** The pool permit issued applies only to the above-specified owner/facility and cannot be used to cover a different owner, facility or location.

*I, the undersigned, hereby certify the above information and representations are true and that the facility will meet State and local requirements of the Health Department of Boone County, Indiana (Ordinance #2008-16, 410 IAC 6-2.1, 675 IAC 20-1, 2, 3).*

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Owner or legally responsible representative)

[For Health Department Use Only]

Date Payment Received: \_\_\_\_\_ Amount Received \$: \_\_\_\_\_ Receipt #: \_\_\_\_\_  
Water Sample Received: \_\_\_\_\_ Pre-Opening Inspection (date/time): \_\_\_\_\_  
Permit Approved by: \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_ Permit #: \_\_\_\_\_

EXHIBIT A

PERMIT FEES-ENVIRONMENTAL HEALTH DIVISION  
BOONE COUNTY HEALTH DEPARTMENT

Onsite Sewage System Permits (410 IAC 6-8.2)

Residential

New Installation Application Fee \$150.00

Permit Fee \$100.00

Commercial

Application Fee (if local review) \$150.00

Permit Fee \$200.00

Septic Installer Registration Fee \$25.00

Well Permits

Well Permit \$60.00

Well Pump Permit \$60.00

Well Driller's/Pump License-First License \$25.00

Public and Semi-Public Swimming Pools Permits

Year Round \$150.00

Seasonal \$150.00

Additional \$100.00

Plan Review \$100.00

Food Protection Program Permits

New Plan Review \$150.00

Bed and Breakfast (B&B) \$100.00

Food Establishment

(As defined in Title 410 IAC 7-24 as amended from time to time)

Menu Type 1 \$105 (2012)

Menu Type 1 \$175 (2013 and after)

Menu Type 2 \$135 (2012)

Menu Type 2 \$225 (2013 and after)

Menu Type 3 \$165 (2012)

Menu Type 3 \$275 (2013 and after)

Menu Type 4 \$195 (2012)

Menu Type 4 \$325 (2013 and after)

Menu Type 5 \$240 (2012)

Menu Type 5 \$400 (2013 and after)

Temporary Food Establishment \$70.00 per event

Multi Event Temporary \$210.00

Commissary \$100.00

Mobile Food Establishment

Prepackaged Foods retailed only \$50.00

Prepares/Serves ready to eat foods \$140.00

Farmer's Market \$70.00 for the season

Farmer's Market Food Establishment \$70.00 seasonal, per market